State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Department of Health Survivos
Toxic Substances Control Division
Sacraraento, California Please print or type. (Form designed for use on clite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Manifest 2. Page 1 Information in the shaded areas WASTE MANIFEST C|A|D|9|8|1649213 OI OI OI 1 OF is not required by Federal law. 3. Generator's Name and Mailing Address QUALITY FABRICATORS 87084255 21045 Osborne, Canoga Park, CA 91304 4. Generator's Phone (818 709-8505 CAD 9 8 1 6 4 9 2 1 3 5. Transporter 1 Company Name 852-7550 US EPA ID Number C. State Transporter's ID BETTERBILT CHEMICALS, INC. CAD98116862 b. Transporter's Phone 213)949-0668 7. Transporter 2 Company Name E. State Transporter's ID 1.800 F. Transporter's Phone 9. Designated Facility Name and Site Address US EPA ID Number 10 G. State Facility's ID CALL OMEGA RECOVERY GAD042245001 12504 E. Whittier Blvd. H. Fecility's Phone CALIFORNIA Whittier, CA 90602 1CIAIDI0141212145001 213) 698-0991 11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number) 13 Total Quantity Init ! Typ Wt/V WASTE FLAMMABLE LIQUID N.O.S. UN1993 100 214 DR GAL EPA/Othe b. D001 CENTER 1-800-424-8802; EPA/Other Stule EPA/Other d. State EPA/Other J. Additional Descriptions for Materials Listed Above attes Listed Above 01 D001 VASH THINNER $\infty^{\frac{A}{2}}$ d. 15. Special Handling instructions and Additional Information య≨ GLOVES & GOGGLES CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. SPILL, If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. OR EMERGENCY Printed/Typed Name Month Day MANUE 110718171 Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name AN Month Day EDDIE TORRES PP 1/01781/ 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name Signature Month Day Z 19. Discrepancy Indication Space C 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Month Day Year omu DHS 8022 A (1/87) White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS EPA 8700—22 (Rev. 9-86) Previous editions are obsolete. INSTRUCTIONS ON THE BACK To: P.O. Box 3000, Sacramento, CA 95812